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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 734093

1. Corporation Name

CORAL GABLES POLICE BENEVOLENT ASSOCIATION, INC.

Principal Place of Business

7350 CORAL WAY
MIAMI FL 33155

Mailing Address

7350 CORAL WAY
MIAMI FL 33155



2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

10/17/1975

4. FEI Number
59-1649174

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HARRIS, WAYNE D
2801 SALZEDO STREET
CORAL GABLES FL 33314

10. Name and Address of New Registered Agent

81 Name NAVE, RICHARD
82 Street Address (P.O. Box Number is Not Acceptable)
2801 SALZEDO STREET
83
84 City CORAL GABLES FL 85 Zip Code 33314

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

RICHARD NAVE, PRESIDENT

DATE

JAN. 15, 1999

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ DELETE
PD	NAVE, RICHARD	2801 SALZEDO ST	CORAL GABLES FL 33314	☐
VPD	HUDAK, EDWARD J	2801 SALZEDO ST	CORAL GABLES FL 33314	☐
S	HARRIS, WAYNE D	2801 SALZEDO ST	CORAL GABLES FL 33314	☐
T	SCHWARTZ, LEE	2801 SALZEDO ST	CORAL GABLES FL 33314	☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	☐ Change ☐ Addition
1.1	NAVE (NOTE CORRECT SPELLING)			☐
1.2				☐
1.3				☐
1.4				☐
2.1				☐
2.2				☐
2.3				☐
2.4				☐
3.1				☐
3.2				☐
3.3				☐
3.4				☐
4.1				☐
4.2				☐
4.3				☐
4.4				☐
5.1				☐
5.2				☐
5.3				☐
5.4				☐
6.1				☐
6.2				☐
6.3				☐
6.4				☐

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN. 15, 1999

305 460-5413

CR2E037 (11/98)